

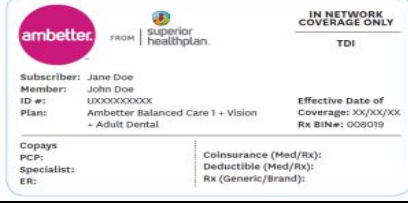
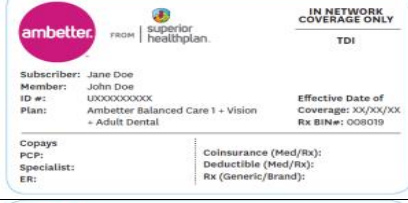
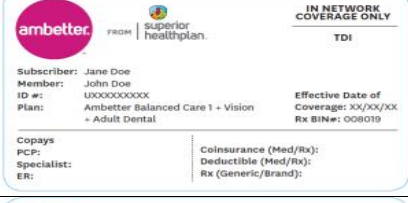



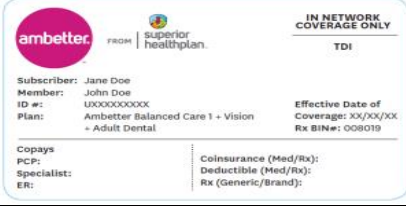
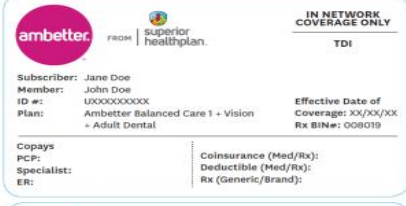
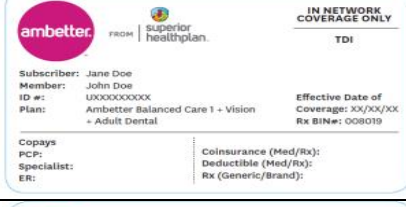


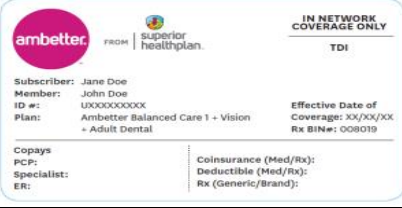
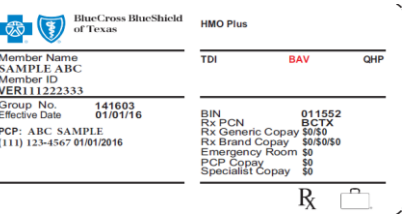
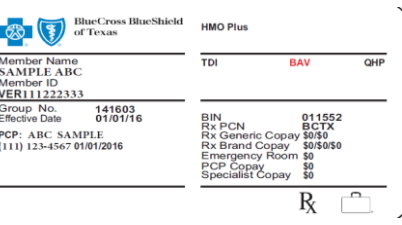
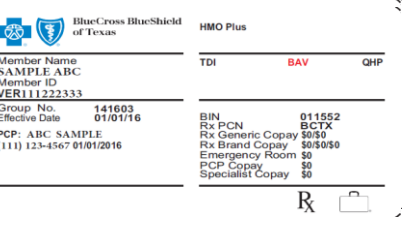
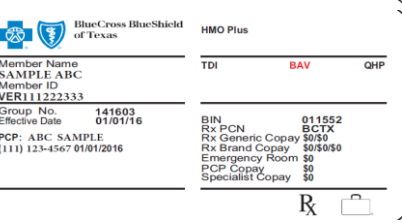
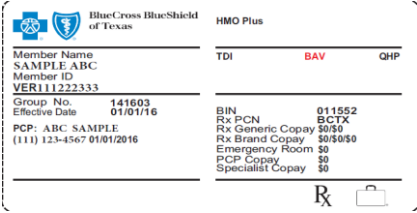
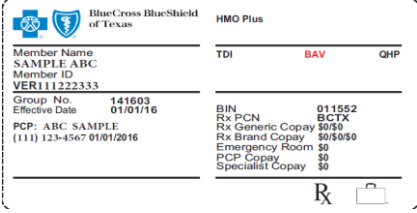
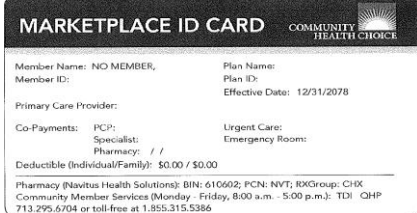
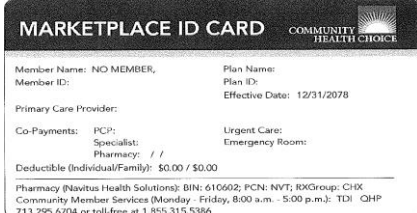
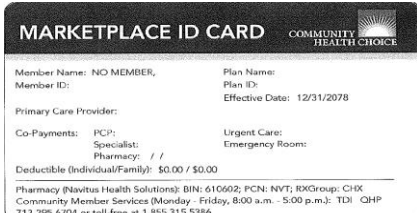
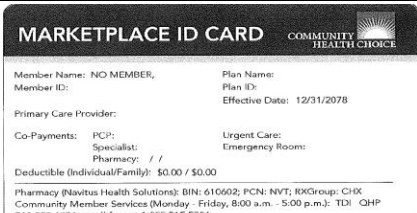


**2018 Harris County  
Health Insurance Marketplace Grid**

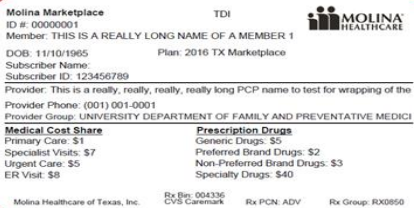
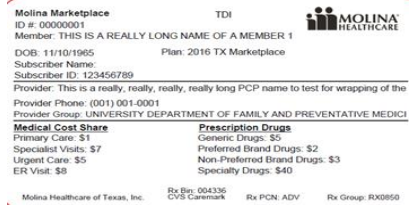
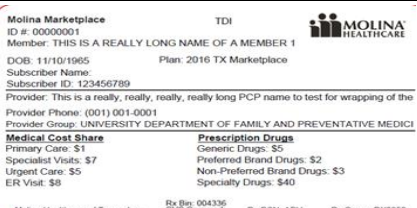
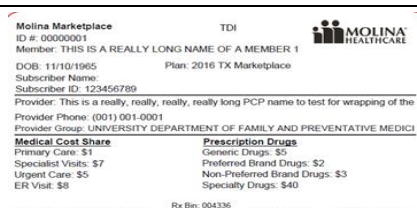
Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Bronze	Ambetter	Ambetter From Superior HealthPlan: Essential Care 1	Plan ID: 29418TX0140006	EPO	Superior HealthPlan Network	\$6,800.00	\$6,800.00	0\$ PCP Copayment after deductible  0\$ Specialist Copayment after deductible	No out of network benefits	<u>Summary of Benefits</u>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Bronze	Ambetter	Ambetter From Superior HealthPlan: Essential Care 1 + Vision	Plan ID: 29418TX0150004	EPO	Superior HealthPlan Network	\$6,800.00	\$6,800.00	0\$ PCP Copayment after deductible  0\$ Specialist Copayment after deductible	No out of network benefits	<u>Summary of Benefits</u>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 5	Plan ID: 29418TX0140059	EPO	Superior HealthPlan Network	\$7,350.00	\$7,350.00	\$40 PCP  \$80 Specialist	No out of network benefits	<u>Summary of Benefits</u>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 4	Plan ID: 29418TX0140009	EPO	Superior HealthPlan Network	\$7,050.00	\$7,050.00	\$30 PCP  \$60 Specialist	No out of network benefits	<u>Summary of Benefits</u>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 2	Plan ID: 29418TX0140003	EPO	Superior HealthPlan Network	\$6,500.00	\$6,500.00	\$30 PCP  \$60 Specialist	No out of network benefits	<u>Summary of Benefits</u>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 2 + Vision	Plan ID: 29418TX0150002	EPO	Superior HealthPlan Network	\$6,500.00	\$6,500.00	\$30 PCP  \$60 Specialist	No out of network benefits	<u>Summary of Benefits</u>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196

Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/ Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 1	Plan ID: 29418TX0140002	EPO	Superior HealthPlan Network	\$5,500.00	\$6,500.00	\$30 PCP \$60 Specialist	No out of network benefits	Summary of Benefits	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.	 <p>ambetter FROM Superior healthplan. IN NETWORK COVERAGE ONLY TDI</p> <p>Subscriber: Jane Doe Member: John Doe ID #: UXXXXXXXXX Plan: Ambetter Balanced Care 1 + Vision + Adult Dental Effective Date of Coverage: XX/XX/XX Rx BIN#: 008019</p> <p>Copays PCP: Specialist: ER:</p> <p>Coinsurance (Med/Rx): Deductible (Med/Rx): Rx (Generic/Brand):</p>	Physician Search	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 1 + Vision	Plan ID: 29418TX0150001	EPO	Superior HealthPlan Network	\$5,500.00	\$6,500.00	\$30 PCP \$60 Specialist	No out of network benefits	Summary of Benefits	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.	 <p>ambetter FROM Superior healthplan. IN NETWORK COVERAGE ONLY TDI</p> <p>Subscriber: Jane Doe Member: John Doe ID #: UXXXXXXXXX Plan: Ambetter Balanced Care 1 + Vision + Adult Dental Effective Date of Coverage: XX/XX/XX Rx BIN#: 008019</p> <p>Copays PCP: Specialist: ER:</p> <p>Coinsurance (Med/Rx): Deductible (Med/Rx): Rx (Generic/Brand):</p>	Physician Search	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 10	Plan ID: 29418TX0140005	EPO	Superior HealthPlan Network	\$5,000.00	\$6,700.00	\$20 PCP \$40 Specialist	No out of network benefits	Summary of Benefits	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.	 <p>ambetter FROM Superior healthplan. IN NETWORK COVERAGE ONLY TDI</p> <p>Subscriber: Jane Doe Member: John Doe ID #: UXXXXXXXXX Plan: Ambetter Balanced Care 1 + Vision + Adult Dental Effective Date of Coverage: XX/XX/XX Rx BIN#: 008019</p> <p>Copays PCP: Specialist: ER:</p> <p>Coinsurance (Med/Rx): Deductible (Med/Rx): Rx (Generic/Brand):</p>	Physician Search	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 10 + Vision	Plan ID: 29418TX0150003	EPO	Superior HealthPlan Network	\$5,000.00	\$6,700.00	\$20 PCP \$40 Specialist	No out of network benefits	Summary of Benefits	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.	 <p>ambetter FROM Superior healthplan. IN NETWORK COVERAGE ONLY TDI</p> <p>Subscriber: Jane Doe Member: John Doe ID #: UXXXXXXXXX Plan: Ambetter Balanced Care 1 + Vision + Adult Dental Effective Date of Coverage: XX/XX/XX Rx BIN#: 008019</p> <p>Copays PCP: Specialist: ER:</p> <p>Coinsurance (Med/Rx): Deductible (Med/Rx): Rx (Generic/Brand):</p>	Physician Search	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 3	Plan ID: 29418TX0140008	EPO	Superior HealthPlan Network	\$3,000.00	\$6,500.00	\$30 PCP \$60 Specialist	No out of network benefits	Summary of Benefits	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.	 <p>ambetter FROM Superior healthplan. IN NETWORK COVERAGE ONLY TDI</p> <p>Subscriber: Jane Doe Member: John Doe ID #: UXXXXXXXXX Plan: Ambetter Balanced Care 1 + Vision + Adult Dental Effective Date of Coverage: XX/XX/XX Rx BIN#: 008019</p> <p>Copays PCP: Specialist: ER:</p> <p>Coinsurance (Med/Rx): Deductible (Med/Rx): Rx (Generic/Brand):</p>	Physician Search	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 3 + Vision	Plan ID: 29418TX0150006	EPO	Superior HealthPlan Network	\$3,000.00	\$6,500.00	\$30 PCP \$60 Specialist	No out of network benefits	Summary of Benefits	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.	 <p>ambetter FROM Superior healthplan. IN NETWORK COVERAGE ONLY TDI</p> <p>Subscriber: Jane Doe Member: John Doe ID #: UXXXXXXXXX Plan: Ambetter Balanced Care 1 + Vision + Adult Dental Effective Date of Coverage: XX/XX/XX Rx BIN#: 008019</p> <p>Copays PCP: Specialist: ER:</p> <p>Coinsurance (Med/Rx): Deductible (Med/Rx): Rx (Generic/Brand):</p>	Physician Search	1-877-687-1196

Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/ Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 12	Plan ID: 29418TX0140010	EPO	Superior HealthPlan Network	\$3,500.00	\$7,350.00	\$30 PCP \$65 Specialist	No out of network benefits	Summary of Benefits	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		Physician Search	1-877-687-1196
Gold	Ambetter	Ambetter From Superior HealthPlan: Secure Care 1 w/ 3 Free PCP Visits	Plan ID: 29418TX0140001	EPO	Superior HealthPlan Network	\$1,000.00	\$6,350.00	20% PCP Coinsurance after deductible 20% Specialist Coinsurance after deductible	No out of network benefits	Summary of Benefits	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		Physician Search	1-877-687-1196
Bronze	BCBSTX	BCBSTX-Blue Advantage Bronze HMO	Plan ID: 33602TX0460713	HMO	Blue Advantage Network	\$5,600.00	\$7,350.00	\$40/50% PCP Coinsurance after deductible 50% Specialist after deductible	No out of network benefits	Summary of Benefits	BAV		Physician Search	1-888-697-0683
Bronze	BCBSTX	BCBSTX-Blue Advantage Plus Bronze HMO	Plan ID: 33602TX0770115	HMO	Blue Advantage Network	\$2,850.00	\$6,550.00	40% PCP Coinsurance after deductible 40% Specialist Coinsurance after deductible	No out of network benefits	Summary of Benefits	BAV		Physician Search	1-888-697-0683
Silver	BCBSTX	BCBSTX-Blue Advantage Silver HMO	Plan ID: 33602TX0460688	HMO	Blue Advantage Network	\$1,700.00	\$7,350.00	\$25/50% PCP Coinsurance after deductible 50% Specialist Coinsurance after deductible	No out of network benefits	Summary of Benefits	BAV		Physician Search	1-888-697-0683
Silver	BCBSTX	BCBSTX- Blue Advantage Plus Silver HMO	Plan ID: 33602TX0770165	HMO	Blue Advantage Network	\$1,450.00	\$7,350.00	\$10 PCP Coinsurance after deductible 50% Specialist Coinsurance after deductible	No out of network benefits	Summary of Benefits	BAV		Physician Search	1-888-697-0683

Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Gold	BCBSTX	BCBSTX- Blue Advantage Gold HMO	Plan ID: 33602TX0460563	HMO	Blue Advantage Network	\$350.00	\$7,350.00	\$30/40% PCP Coinsurance after deductible  40% Specialist Coinsurance after deductible	No out of network benefits	Summary of Benefits	BAV		Physician Search	1-888-697-0683
Gold	BCBSTX	BCBSTX- Blue Advantage Plus Gold HMO	Plan ID: 33602TX0770140	HMO	Blue Advantage Network	\$750.00	\$7,350.00	\$15 PCP Coinsurance after deductible  \$50 Specialist Coinsurance after deductible	No out of network benefits	Summary of Benefits	BAV		Physician Search	1-888-697-0683
Bronze	Community Health Choice	Community Health Choice HMO	Plan ID: 27248TX0010003	HMO	Community Health Choice Network (Valid in state of Texas only)	\$6,000.00	\$7,350.00	\$40 PCP Copayment after deductible  \$65 Specialist Copayment after deductible	No out of network benefits	Summary of Benefits	QHP will be listed at the bottom of the ID card. <b>Marketplace ID card will be listed at the top of the ID card.</b>		Physician Search	1-855-315-5386
Bronze	Community Health Choice	Community Health Choice HMO (High Deductible Plan)	Plan ID: 27248TX0010008	HMO	Community Health Choice Network (Valid in state of Texas only)	\$6,000.00	\$6,000.00	\$0 PCP Copayment after deductible  \$0 Specialist Copayment after deductible	No out of network benefits	Summary of Benefits	QHP will be listed at the bottom of the ID card. <b>Marketplace ID card will be listed at the top of the ID card.</b>		Physician Search	1-855-315-5386
Silver	Community Health Choice	Community Health Choice HMO	Plan ID: 27248TX0010004	HMO	Community Health Choice Network (Valid in state of Texas only)	\$2,500.00	\$7,350.00	\$30 PCP Copayment after deductible  \$50 Specialist Copayment after deductible	No out of network benefits	Summary of Benefits	QHP will be listed at the bottom of the ID card. <b>Marketplace ID card will be listed at the top of the ID card.</b>		Physician Search	1-855-315-5386
Silver	Community Health Choice	Community Health Choice HMO (Limited Network Plan)	Plan ID: 27248TX0010007	HMO	Community Health Choice Network (Valid in state of Texas only)	\$0.00	\$7,350.00	\$40 PCP  \$75 Specialist	No out of network benefits	Summary of Benefits	QHP will be listed at the bottom of the ID card. <b>Marketplace ID card will be listed at the top of the ID card.</b>		Physician Search	1-855-315-5386



Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Silver	Molina	Molina Marketplace Options Silver Plan	Plan ID: 45786TX0040001	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$3,500.00	\$7,350.00	\$30 PCP Copayment after deductible  \$65 Specialist Copayment after deductible	No out of network benefits	Summary of Benefits	"QHP" will be on the front of the ID card.	 <p>Molina Marketplace ID #: 00000001 Member: THIS IS A REALLY LONG NAME OF A MEMBER 1 DOB: 11/10/1965 Plan: 2016 TX Marketplace Subscriber Name: Subscriber ID: 123456789 Provider: This is a really, really, really, really long PCP name to test for wrapping of the Provider Phone: (001) 001-0001 Provider Group: UNIVERSITY DEPARTMENT OF FAMILY AND PREVENTATIVE MEDICI Medical Cost Share Prescription Drugs Primary Care: \$1 Generic Drugs: \$5 Specialist Visits: \$7 Preferred Brand Drugs: \$2 Urgent Care: \$5 Non-Preferred Brand Drugs: \$3 ER Visit: \$8 Specialty Drugs: \$40 Rx Bin: 004336 CVS Caremark Rx PCN: ADV Rx Group: RX0850</p>	Physician Search	1-888-560-2025
Silver	Molina	Molina Marketplace Silver Plan	Plan ID: 45786TX001002	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$0.00	\$7,350.00	\$40 PCP  \$85 Specialist	No out of network benefits	Summary of Benefits	"QHP" will be on the front of the ID card.	 <p>Molina Marketplace ID #: 00000001 Member: THIS IS A REALLY LONG NAME OF A MEMBER 1 DOB: 11/10/1965 Plan: 2016 TX Marketplace Subscriber Name: Subscriber ID: 123456789 Provider: This is a really, really, really, really long PCP name to test for wrapping of the Provider Phone: (001) 001-0001 Provider Group: UNIVERSITY DEPARTMENT OF FAMILY AND PREVENTATIVE MEDICI Medical Cost Share Prescription Drugs Primary Care: \$1 Generic Drugs: \$5 Specialist Visits: \$7 Preferred Brand Drugs: \$2 Urgent Care: \$5 Non-Preferred Brand Drugs: \$3 ER Visit: \$8 Specialty Drugs: \$40 Rx Bin: 004336 CVS Caremark Rx PCN: ADV Rx Group: RX0850</p>	Physician Search	1-888-560-2025
Gold	Molina	Molina Marketplace Chocie Gold Plan	Plan ID: 45786TX0020001	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$3,800.00	\$7,350.00	\$10 PCP Copayment after deductible  \$35 Specialist Copayment after deductible	No out of network benefits	Summary of Benefits	"QHP" will be on the front of the ID card.	 <p>Molina Marketplace ID #: 00000001 Member: THIS IS A REALLY LONG NAME OF A MEMBER 1 DOB: 11/10/1965 Plan: 2016 TX Marketplace Subscriber Name: Subscriber ID: 123456789 Provider: This is a really, really, really, really long PCP name to test for wrapping of the Provider Phone: (001) 001-0001 Provider Group: UNIVERSITY DEPARTMENT OF FAMILY AND PREVENTATIVE MEDICI Medical Cost Share Prescription Drugs Primary Care: \$1 Generic Drugs: \$5 Specialist Visits: \$7 Preferred Brand Drugs: \$2 Urgent Care: \$5 Non-Preferred Brand Drugs: \$3 ER Visit: \$8 Specialty Drugs: \$40 Rx Bin: 004336 CVS Caremark Rx PCN: ADV Rx Group: RX0850</p>	Physician Search	1-888-560-2025
Gold	Molina	Molina Marketplace Gold Plan	Plan ID: 45786TX0010001	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$0.00	\$7,350.00	\$30 PCP  \$70 Specialist	No out of network benefits	Summary of Benefits	"QHP" will be on the front of the ID card.	 <p>Molina Marketplace ID #: 00000001 Member: THIS IS A REALLY LONG NAME OF A MEMBER 1 DOB: 11/10/1965 Plan: 2016 TX Marketplace Subscriber Name: Subscriber ID: 123456789 Provider: This is a really, really, really, really long PCP name to test for wrapping of the Provider Phone: (001) 001-0001 Provider Group: UNIVERSITY DEPARTMENT OF FAMILY AND PREVENTATIVE MEDICI Medical Cost Share Prescription Drugs Primary Care: \$1 Generic Drugs: \$5 Specialist Visits: \$7 Preferred Brand Drugs: \$2 Urgent Care: \$5 Non-Preferred Brand Drugs: \$3 ER Visit: \$8 Specialty Drugs: \$40 Rx Bin: 004336 CVS Caremark Rx PCN: ADV Rx Group: RX0850</p>	Physician Search	1-888-560-2025

**Additional Resources**

Texas Medical Association-Hey, Doc. Answers to Questions about the New Health Insurance Marketplace  
• [Hey, Doc](#)  
Harris County Medical Society-Link to HCMS's Marketplace website which contains information and resources regarding the Marketplace.  
• [HCMS's Marketplace Website](#)  
Last Updated 11/02/2017  
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